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**FACSIMILE TRANSMISSION COVER SHEET**

**Date:** November 2, 2004

**To:** United States Patent and Trademark Office  
Examiner: Ngo, Hung V.; Art Unit: 2831

**Fax:** (703) 872-9306

**Re:** **Application Serial No.: 09/638,172**  
Filing Date: 8/11/2000; First-Named Inventor: Hawks, Doug A.  
Attorney Docket No.: 00CON115P

**From:** Farjami & Farjami LLP

**Number of pages including the cover sheet:** 21

**Message:**

Enclosed please find the Amendment and Response to the Non-Final Office Action dated August 4, 2004.

Thank you.

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Attorney Docket No.: 00CON115P

**AMENDMENT COVER SHEET**IN RE APPLICATION OF: Hawks, et al.SERIAL NO.: 09/638,172 FILED: August 11, 2000FOR: Method and Structure for Securing a Mold Compound to a Printed Circuit Board

HONORABLE COMMISSIONER FOR PATENTS

P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	430.00	215.00	\$
THIRD MONTH AFTER TIME PERIOD SET	980.00	490.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,530.00	765.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00
☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small-Entity	FEE
TOTAL CLAIMS	16	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 88	x 44	\$
First presentation of multiple dependent claim				+ 300	+ 150	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

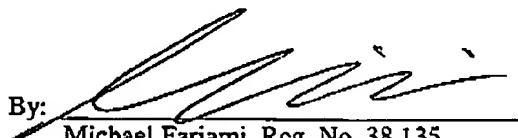
\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.


Attorney Docket No.: 00CON115P

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
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Date: 11/2/04By:   
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Date: 11/2/04

Signature: 

Name of Person Performing Facsimile Transmission: Christina Carter

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Attorney Docket No.: 00CON115P

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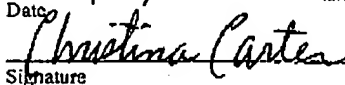
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